upon which the blood was taken varied from the third to the fifty-sixth, the majority of the cases being between the fifth and twenty-first days.

In only one case was a positive reaction obtained, and this was in a baby of seven months, first seen on July 12th, the fourth day of illness. It had lost appetite, had abdominal pain, was vomiting frequently, and had six or eight large, watery, greenish, slightly foul movements daily, containing curds, but no mucus or blood. It had been fed at the breast for three months, and then on an uncooked mixture of cow's milk and water. Under treatment the vomiting soon ceased, and the stools were normal in every way on July 21st, the ninth day of treatment and thirteenth day of illness. At no time was there any abdominal tenderness or distention; there were no rose-spots and no splenic enlargement. The temperature ranged between 38° and 39° C. until July 19th, after which it remained normal. A positive serum reaction was obtained on July 12th in fifteen minutes, and another on July 16th in twenty minutes. The mother of this child had a "slow fever" ten years before, since which time she had been in good health. Her blood gave a positive reaction in fifteen minutes on July 16th during her baby's illness.

The question of a previous attack of typhoid fever in the mother was investigated in thirty-nine cases. Thirty-three had not had the disease, while six had had it some time in the past twenty-four, twenty, fifteen, ten, seven, and four years, respectively, the mother of the baby whose case is detailed above being of the number.

If it were not for the positive reaction of the mother's blood this case could only be considered as a case of infantile typhoid. The marked reaction in her, the authors think, suggests the possibility, if not the probability, that the agglutinative power of the serum of the child may have been due to the maternal blood or have been derived from the breast-milk. They conclude that typhoid fever, as is commonly believed, is an unusual disease in infancy; and advance the proposition that it is possible that women whose blood gives a positive reaction, even years after the occurrence of the disease, may in some way transmit this property to the blood of their infants.

Facial Paralysis of Central Origin Due to Faulty Application of the Forceps.—TISSIER (*Annales de Médecine et Chirurgie Infantiles*, September 15, 1898, p. 638) reported to the Société d'Obstétrique de Paris the observation of facial palsy in an infant whose head had been injured by three unsuccessful applications of the forceps. The child died, and the reporter was enabled to observe that the scalp had been infiltrated and the brain suffused with blood; but there was no hemorrhagic focus in the brain itself, nor crushing or depression of the skull. The facial nerve was dissected out, and at no point in its course was there hemorrhage or serious pressure. On the paralyzed side the imprint of the forceps was found, but well above the course of the nerve.

Tissier considers that the facial palsy in this case should be attributed to the more or less marked compression of the cranial vault—that is, to an action upon the nerve-centres. This theory, he thinks, explains the rarity of facial paralysis after skilful application of the forceps.

BUDIN, in discussing the case, questioned the rarity of facial palsy after regular application of the forceps. He had seen it very frequently before the advent of Tarnier's forceps, as had CHARPENTIER, especially in the case of application of the forceps somewhat high up. According to Budin, the mechanism was always the same, the blade of the forceps slipping downward from the head, dragging upon the soft parts, and finally compressing the petrosa, the cutaneous cicatrix being found well below the ear.

A Pad on the Dorsum of the Foot in Rickets.—A. H. TUBBY (*Pediatrics*, January 1, 1899, p. 19) calls attention to the frequent occurrence of a pad-like formation upon the dorsum of the foot, and occasionally upon the hand, which he believes has not been previously described. In these cases the soft tissues upon the dorsum are decidedly thicker than in healthy children, and the swelling may be a flattened elevation or dome-like in appearance. Its color is that often seen in the skin elsewhere in rickets, and may be compared to that which would be produced by the injection of white wax, slightly tinted to a yellowish shade, beneath the skin, so as to give it a distinct tint and a semi-transparent look. While in a healthy child the skin of the dorsum of the foot, if pinched up between the fingers, can be moved independently of the subcutaneous tissue, in many rickety children the skin and subcutaneous tissue are quite inseparable, and only a more or less thick fold composed of both can be made. In many cases it appears as if solid œdema were present in the skin and subcutaneous tissue.

This pad in some cases originates in swelling and thickening in the neighborhood of the epiphyses of the metatarsal bones, hence it is more frequently seen rather toward the anterior than the posterior part of the dorsum. When the bones are so affected, distinct beading may be felt about the epiphyseal lines, and doubtless the perichondrium and periosteum are thickened as well. In early rickets the swelling is often semi-fluid. In cases of a few months' duration it is semi-solid, and in those of more than a year's duration it is hard and resistant.

The author has tabulated 100 cases of rickets, eighty-six of which had dorsal pads. He believes that if cases be watched over a long period of time the pad will be observed to go through the three stages of consistency noted above. At a period of eighteen to thirty-six months after the onset of the disease the subcutaneous pad disappears concurrently with the general flabbiness and undue pallor of the skin, and leaves the bony changes easily apparent to the touch.

The Specific Organism of Vaccinia.—A. F. STANLEY KENT (*Lancet*, December 17, 1898, p. 1616) publishes the results of further studies upon the organism discovered by him in the tissues of the vaccine vesicle in 1894. This was described as a bacillus, exceedingly minute, measuring a bare micron in length; it appeared to occur, as a rule, in pairs, joined so as to form dumb-bells, not true diplococci, the individuals being distinctly, though only slightly, greater in length than in breadth. The minute bacilli occurred not on the surface, or, as far as could be ascertained, among the crowds of foreign organisms in the most superficial parts of the vesicle, but deeply seated, in large numbers and in practically pure culture in their special habitat beneath the line of incision.